

PART B: FEE(S) TRANSMITTAL

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27476

7590

11/22/2006

NOVARTIS VACCINES AND DIAGNOSTICS INC.
 CORPORATE INTELLECTUAL PROPERTY R338
 P.O. BOX 8097
 Emeryville, CA 94662-8097

01/23/2007 RMEBRAH1 00000074 031664 09544776

01 FC:1501 1400.00 DA
 02 FC:8001 30.00 DA

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Lisa Nash	(Depositor's name)
<i>[Signature]</i>	(Signature)
January 16, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/544,776	04/07/2000	Dong Wei	59516-219/PP-01561.003	9574

TITLE OF INVENTION: NOVEL PROTEIN ASSOCIATED WITH CELL STRESS RESPONSE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/22/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZARA, JANE J	1635	435-070100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Lisa E. Alexander
 2 Gwilym Attwell
 3 Alisa A. Harbin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiron Corporation

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Lisa E. Alexander
 Typed or printed name Lisa E. Alexander

Date January 16, 2007
 Registration No. 41,576

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